

# Guide By Your Side Referral Form



Referral Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Audiologist's Name/Contact Information (if different than referral source):  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Last ☐ Male ☐ Female \_\_\_\_\_  
Date of Birth

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
First Name Last Name First Name Last Name

Home Address: \_\_\_\_\_

Street City State Zip

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## For children under age 3

County of Residence: \_\_\_\_\_

## For children older than age 3

School District: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Do You Text? Y or N Family's First Language: \_\_\_\_\_

## Tele-Connect Options

Are you willing to have your first home visit in person & future appointments by phone/Skype/VideoPhone or other technology? **Y or N.**

What type of technology do you have? \_\_\_\_\_



Wisconsin Educational Services Program for the Deaf and Hard of Hearing – Outreach

N25 W23131 Paul Road, Suite 100, Pewaukee, WI 53072

262.787.9540 v/tty 888.656.8556 toll-free

[www.wesp-dhh.wi.gov](http://www.wesp-dhh.wi.gov)

09-13

**Child's Diagnostic Results** *(check most appropriate)*

<u>Type</u>	<u>Right</u>	<u>Left</u>	<u>Degree</u>	<u>Right</u>	<u>Left</u>
Conductive Loss	<input type="checkbox"/>	<input type="checkbox"/>	Mild	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Sensorineural Loss	<input type="checkbox"/>	<input type="checkbox"/>	Severe	<input type="checkbox"/>	<input type="checkbox"/>
Auditory Neuropathy/ Dysynchrony	<input type="checkbox"/>	<input type="checkbox"/>	Profound	<input type="checkbox"/>	<input type="checkbox"/>

**Other Diagnosed Conditions or Health Care Needs** *(please list)*

[illegible]

Has family received a Babies and Hearing Loss Notebook? ☐ Yes ☐ No

Referral Completed by: Laurie Nelson

Date:



Wisconsin Educational Services Program for the Deaf and Hard of Hearing – Outreach  
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